



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 7921**

Bib Data Sheet

SERIAL NUMBER 10750,147	FILING DATE 12/31/2003  RULE	CLASS 182	GROUP ART UNIT 3634	ATTORNEY DOCKET NO. 16191
----------------------------	---------------------------------------	--------------	------------------------	---------------------------------

## APPLICANTS

Patricia A. Woodward, Groton, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,613 01/02/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>Hugh B. Wayne</u> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	------------------------	-----------------------	----------------------------

## ADDRESS

04859  
 MACMILLAN SOBANSKI & TODD, LLC  
 ONE MARITIME PLAZA FOURTH FLOOR  
 720 WATER STREET  
 TOLEDO , OH  
 43604-1619

## TITLE

Protective device for ladders

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------